

U.S. Department of Education

**Staff Report
to the
Senior Department Official
on
Recognition Compliance Issues**

RECOMMENDATION PAGE

1. **Agency:** American Dental Association (1952/2006)
(The dates provided are the date of initial listing as a recognized agency and the date of the agency's last grant of recognition.)
2. **Action Item:** Petition for Continued Recognition
3. **Current Scope of Recognition:** The accreditation of predoctoral dental education programs (leading to the D.D.S. or D.M.D. degree), advanced dental education programs, and allied dental education programs that are fully operational or have attained "Initial Accreditation" status, including programs offered via distance education.
4. **Requested Scope of Recognition:** Same as above.
5. **Date of Advisory Committee Meeting:** June, 2012
6. **Staff Recommendation:** Continue the agency's current recognition and require the agency to come into compliance within 12 months, and submit a compliance report that demonstrates the agency's compliance with the issues identified below.
7. **Issues or Problems:**
 - The agency must demonstrate that all documents displaying its conflict of interest policy contain the same requirements written in its Evaluation and Operational Policies and Procedures Manual. [§602.15(a)(6)]
 - The agency must demonstrate its application of the revised site visit evaluation reports or provide the expected accreditation evaluation date by which the revised site visit evaluation reports will be employed. [§602.16(a)(1)(ix)]
 - The agency must demonstrate that it provides its programs (including

those that meet its Institutional Effectiveness standard) with a detailed written report that assesses the program's performance with respect to student achievement. [§602.17(f)]

EXECUTIVE SUMMARY

PART I: GENERAL INFORMATION ABOUT THE AGENCY

The Commission on Dental Accreditation (CODA) is a programmatic accreditor. The agency's accrediting activities include the accreditation of predoctoral dental education programs (leading to the D.D.S or D.M.D degree), advanced general dentistry education programs, advanced dental specialty education programs, and the allied dental education programs, including dental assisting education programs, dental hygiene education programs and dental laboratory technology education programs and those developing programs that have attained the initial accreditation status, and those programs offered via distance education.

The agency accredits more than 1,450 programs currently covering 21 dental education areas. Recognition by the Secretary allows the programs accredited by CODA to participate in Federal programs other than Title IV, specifically, the Public Health Service Act (PHSA) administered by the Department of Health and Human Services. The PHSA defines eligible programs as programs that offer post-doctoral training in the specialties of dentistry, advanced education in general dentistry, or dental general practice residencies that have been accredited by the Commission on Dental Accreditation. Postdoctoral dental education programs are programs sponsored by a school of dentistry and are among the programs specifically included in the definitions covered by the various sections of PHSA. Specific sections of the PHSA include, for example, Title 42, Public Health Service Act, (PHSA) Subchapter B Medicare Program Part 405-426 which provides direct and indirect graduate medical education funding/hospital insurance for residency programs approved by the Commission on Dental Education; and Title VII, Health Professions Education Section of the Public Health Service Act, Part B (Section 736) of the Centers of Excellence which includes schools of dentistry as eligible entities and Part C (Section 737) which entails training in Family Medicine, General Internal Medicine, General Pediatrics, Physician Assistants, General Dentistry, and Pediatric Dentistry,

The agency has a non-Title IV federal link and does not have to meet the separate and independent requirements.

Recognition History

The U.S. Commissioner of Education listed the Council on Dental Education (CDE) of the American Dental Association (ADA) on the first list of nationally recognized accrediting agencies published by 1952. In 1969, the Secretary expanded the CDE's scope of recognition to include the category "accreditation eligible" to the dental and dental hygiene programs. In 1972, CDE received an expansion of scope to include its accreditation of advanced dental specialty education programs and its accreditation of dental assisting and dental laboratory technician programs in proprietary schools.

In 1975, the Council on Dental Education restructured and became the Commission on Accreditation of Dental and Dental Auxiliary Educational Programs (CADDAAEP). The name of the CADDAAEP changed again in 1979, to its present name, the Commission on Dental Accreditation (CODA or Commission). The Secretary of Education has continued to recognize the agency since then; last granting a five-year recognition to the agency in 2006.

After the Secretary issued her decision on the agency's recognition, the Higher Education Opportunity Act of 2008 (HEOA) was passed, which contained a number of provisions related to accrediting agency recognition that were effective upon enactment. The changes included, among others, a reconstitution of the NACIQI. This meeting is the first opportunity for the agency to appear before NACIQI for a review based on the revisions to the criteria for recognition.

Department staff observed a site visit at the University of California at San Francisco, School of Dentistry from Monday, April 10, 2012 thru Wednesday, April 11, 2012 in conjunction with the analysis of the agency's petition.

PART II: SUMMARY OF FINDINGS

§602.15 Administrative and fiscal responsibilities

The agency must have the administrative and fiscal capability to carry out its accreditation activities in light of its requested scope of recognition.

The agency meets this requirement if the agency demonstrates that--

(a) The agency has--

(6) Clear and effective controls against conflicts of interest, or the appearance of conflicts of interest, by the agency's--

- (i) Board members;**
 - (ii) Commissioners;**
 - (iii) Evaluation team members;**
 - (iv) Consultants;**
 - (v) Administrative staff; and**
 - (vi) Other agency representatives; and**
-

The conflict of interest policy is outlined in the Evaluation and Operational Policies and Procedures Manual. The agency's conflict of interest policy stresses the importance of avoiding real and perceived conflicts of interest. The agency provides a clear definition of what conflicts of interest are considered to be, avoiding confusion or misinterpretation. The agency documents its recusal process in exhibit 602.15(a) (6)09. The documents contained in this exhibit also include predetermined situations that would present a conflict of interest for commissioners based on several factors. Department staff noted, however, that commissioners with direct conflicts with a program being discussed (such as being a site visit consultant) -- other than a conflict resulting from an active professional association (e.g., a faculty member) -- are required to abstain from discussion, but may remain in the room and may participate in any votes. It is common practice in the accrediting community that individuals with conflicts of interest are required to abstain entirely from discussion/voting on programs with which they have a conflict.

The agency has provided training agendas and sample self assessments that document conflict of interest training is conducted. The agency has also provided Commission meeting minutes documenting conflicts of individual commissioners, and a single conflict of interest statement signed by a review committee member; however, it has not provided signed conflict of interest statements, or other evidence such as recusals due to conflicts of interest, for members of the agency's administrative staff and appeal panel members.

Staff Determinations: The agency does not meet the requirements of this criterion. It must demonstrate how it effectively applies clear and effective controls against conflicts of interest for all entities identified under the

requirements of this section.

Analyst Remarks to Response:

In its response to the draft report, the agency has provided signed conflicts of interest statements for its administrative staff and appeal panel members evidenced in Exhibit 602.15(a) (6)02 and 602.15(a) (6) 03. The conflict of interest statements are detailed and adequately document the agency's compliance with this criterion. In addition to the signed conflict of interest statements, the agency also demonstrates its recusals process for its appeal panel. As discussed in its response, in 2007 a rotating content expert serving on the agency's Appeal Panel notified the CODA that a conflict of interest existed with one of the dental assisting programs appealing withdrawal of accreditation. This prompted the agency to inform the American Dental Assistants Association (ADAA) that a new member would be appointed that did not have a conflict of interest. This process is documented in exhibit 602.15(a) (6)04.

An item not adequately addressed by the agency in its response is the agency's recusals policy for Commissioners. Department staff noted in the draft report that documents in exhibit 602.15 (a) (6) 09 state: Commissioners with direct conflicts with a program being discussed (such as being a site visit consultant) are required to abstain from discussion, but may remain in the room and may participate in any votes. Department staff noted in the draft report that it is common practice in the accrediting community that individuals with conflicts of interest abstain entirely from discussions /voting on programs with which they have a conflict.

In its response to the draft report the agency states that in accordance with its Evaluation and Operational Policies and Procedures Manual Commissioners must leave the room when a conflict of interest exists. The agency's policy and the documents contained in exhibit 602.15(a) (6) 09 contradict each other. This could cause confusion for accredited programs in interpreting the agency's conflict of interest policy.

Staff Determination: The agency does not meet the requirement of this criterion. It must demonstrate that all documents displaying its conflict of interest policy contain the same requirements written in its Evaluation and Operational Policies and Procedures Manual.

§602.16 Accreditation and preaccreditation standards

(a) The agency must demonstrate that it has standards for accreditation, and preaccreditation, if offered, that are sufficiently rigorous to ensure that the agency is a reliable authority regarding the quality of the education or training provided by the institutions or programs it accredits. The agency meets this requirement if -

- **(1) The agency's accreditation standards effectively address the**

quality of the institution or program in the following areas:

(a)(1)(ix) Record of student complaints received by, or available to, the agency.

The agency's complaint policy requires its accredited dental programs to maintain a record of student complaints including how the complaint was resolved. In addition, accredited programs must maintain a record of student complaints received since the Commission's last comprehensive review of the program. The agency's complaint policy is documented in the Evaluation and Operational Policies and Procedures Manual and is in full compliance with the requirements of this criterion.

The agency documents that accredited programs are required to provide students the opportunity to submit complaints and maintain a record of complaints in self study excerpts provided for 602.17 (b). What is not clear is whether the agency has an effective mechanism for assessing the institution's record of student complaints. The sample site team reports do not demonstrate that the record was reviewed and assessed by the site team to determine if there is a pattern of student complaints that would bring into question the program's fulfillment of one or more of the agency's expectations. They merely state that the team determined that the program was in compliance with the agency's policy on complaints.

Staff Determination: The agency does not meet the requirement of this criterion. It must provide evidence that has an effective mechanism for assessing a program's record of student complaints and that it takes this into consideration in making an accreditation decision.

Analyst Remarks to Response:

In response to the draft report, the agency states that it has revised all of its site visit evaluation report documents to include a determination of whether there is a pattern of student complaints and whether this pattern may indicate that the program is not in compliance with its standards and/or policy. This revision is documented in exhibit 602.16(a)(1)(ix)02. According to the agency this revision has not compromised its current "Policy on Complaints", indicating that no additional approval action is necessary associated with the revision to the agency's site visit evaluation reports. Although the agency states that its revised site visit evaluation reports are effective immediately, it has not provided documentation demonstrating its application of the revised site visit evaluation.

Staff Determination: The agency does not meet the requirements of this criterion. It must demonstrate its application of the revised site visit evaluation reports or provide the expected accreditation evaluation date by which the revised site visit evaluation reports will be employed.

§602.17 Application of standards in reaching an accrediting decision.

The agency must have effective mechanisms for evaluating an institution's or program's compliance with the agency's standards before reaching a decision to accredit or preaccredit the institution or program. The agency meets this requirement if the agency demonstrates that it--

(f) Provides the institution or program with a detailed written report that assesses--

- (1) The institution's or program's compliance with the agency's standards, including areas needing improvement; and**
- (2) The institution's or program's performance with respect to student achievement;**

and

The agency provides the program with detailed written report that assesses the program's compliance with the agency's standards. This report may contain suggestions (which do not require a response by the program); and recommendations of actions to take regarding areas found to be deficient and out of compliance with the agency's accreditation standards. The site visit committee evaluates and makes comments in the report on deficiencies related to student achievement in the following areas: attrition rates, job placement rates, and success of graduates on state regional and/or national boards, licensure and certification examinations,

The sample reports include a short narrative for each of the standards and clearly identify areas of non-compliance. However, the reports do not include a detailed assessment of the program's performance with respect to student achievement. They merely indicate when a program performs poorly on one or more of several indicators.

Staff Determination: The agency does not meet the requirement of this section. It must submit documentation demonstrating that it provides its programs with a detailed written report that assesses the program's performance with respect to student achievement.

Analyst Remarks to Response:

In response to the draft report, the agency states in its response, that it provides programs with a detailed written report that assesses the program with respect to student achievement and provides a Site Visit Report for a Dental Public Health Educational Program sponsored by Harvard University as evidence. The site visit report, under Standard (1) Institutional Commitment/Program Effectiveness "outcomes assessment", provides the accredited program with a detailed report that assesses its performance with the agency's student achievement standards. This site visit report specifically identifies the areas that are deficient and makes recommendations for corrective action.

It appears from this evidence that the agency provides a detailed written report that assesses student achievement only in those instances where the program is found to be deficient in meeting its Institutional Effectiveness standard. In other cases, the report consists of a single sentence, which does not satisfy the requirement of a “detailed report”.

Staff Determination: The agency does not meet the requirement of this section. It must demonstrate that it provides its programs (including those that meet its Institutional Effectiveness standard) with a detailed written report that assesses the program's performance with respect to student achievement.

PART III: THIRD PARTY COMMENTS

The Department did not receive any written third-party comments regarding this agency.